



ILLINOIS  
DEPARTMENT  
OF  
CORRECTIONS

RECEIVED

JUN 29 1993

Jim Edgar  
Governor

Howard A. Peters III  
Director

1301 Concordia Court / P. O. Box 19277 / Springfield, IL 62794-9277 / Phone (217) 522-2666

June 16, 1993

1618100010  
ROCK ISLAND-6  
Gen. Corr.

Mr. James Pierce  
Division of Land Pollution Control  
Ill. Environmental Protection Agency  
2200 Churchill Road  
Springfield, IL 62706

RE: Clarification of name and  
address for East Moline C. C.  
for waste generator numbers

Dear Mr. Pierce:

The enclosed letter was sent from me to you on February 2, 1993 concerning the Illinois Environmental Protection Agency and U.S. Environmental Protection Agency waste generator numbers. You had indicated to me that the address of 500 Hillcrest Road was specifically spelled out and that the address for the Illinois Environmental Protection Agency and U.S. Environmental Protection Agency should be the same. Consequently, please list the names and addresses as the following which supersedes the February 2, 1993 letter:

Illinois Environmental Protection Agency Generator Number 161-810-0010

East Moline Correctional Center  
500 Hillcrest Road  
East Moline, IL 61244

U.S. Environmental Protection Agency Generator Number ILD 982-063-653

East Moline Correctional Center  
500 Hillcrest Road  
East Moline, IL 61244

For your clarification, the 100 and 500 Hillcrest Road are addresses for the same property and same location.

If you have any questions, please do not hesitate to call.

Sincerely,

*James E. Harms*

James E. Harms  
Chief Engineer  
Capital Programs Unit

4350  
RECEIVED  
JUN 22 1993  
IEPA/DLPG

JEH:cjm

Enclosure

cc: Jim Baur  
Joe DeJaegher



ILLINOIS  
DEPARTMENT  
OF  
CORRECTIONS

785-9351

782-0000

312-223-6242

4-1-82

1-800-424-9346

Carolyn  
Lewis

Jim Edgar  
Governor

Howard A. Peters III  
Director

1301 Concordia Court / P. O. Box 19277 / Springfield, IL 62794-9277 / Phone (217) 522-2666

February 2, 1993

Mr. James Pierce  
Division of Land Pollution Control  
Ill. Environmental Protection Agency  
2200 Churchill Road  
Springfield, IL 62706

RE: Clarification of name and  
address for East Moline C. C.

Dear Mr. Pierce:

The purpose of this letter is to clarify the name and address listings for the Illinois Environmental Protection Agency and United States Environmental Protection Agency generator numbers for the Illinois Department of Corrections' East Moline Correctional Center in East Moline, Illinois. Please refer to the following and change accordingly:

Current name and address:

Change name and address to:

Ill. Environmental Protection Agency Generator Number 161-810-0010

East Moline State Hospital #2  
100 Hillcrest Road  
East Moline, IL 61244

East Moline Correctional Center  
100 Hillcrest Road  
East Moline, IL 61244

Current name and address:

Change name and address to:

U.S. Environmental Protection Agency Generator Number ILD 982-063-653

East Moline Correctional Center  
500 Hillcrest Road  
East Moline, IL 61244

East Moline Correctional Center  
100 Hillcrest Road  
East Moline, IL 61244

If you have any questions, please do not hesitate to call.

Sincerely,

*James E. Harms*

James E. Harms, Chief Engineer  
Capital Programs Unit

JEH:cjm

cc: Joe DeJaegher

# CONVERSATION RECORD

TIME

12:30

DATE

2-26-93

TYPE

☐ VISIT

☐ CONFERENCE

☒ TELEPHONE

☐ INCOMING

☒ OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

ORGANIZATION (Office, dept., bureau, etc.)

TELEPHONE NO.

217-522-2666

SUBJECT

incorrect address - request to change location's address -

SUMMARY

ACTION REQUIRED

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Patricia J. Mills

2-26-93

ACTION TAKEN

SIGNATURE

TITLE

DATE



ILLINOIS  
DEPARTMENT  
OF  
CORRECTIONS

RECEIVED

FEB 16 1993

Jim Edgar  
Governor

Howard A. Peters III  
Director

1301 Concordia Court / P. O. Box 19277 / Springfield, IL 62794-9277 / Phone (217) 522-2666

February 2, 1993

1618100010  
ROCK ISLAND-6  
Len Carr

Mr. James Pierce  
Division of Land Pollution Control  
Ill. Environmental Protection Agency  
2200 Churchill Road  
Springfield, IL 62706

RE: Clarification of name and  
address for East Moline C. C.

Dear Mr. Pierce:

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Current name and address:

Change name and address to:

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East Moline Correctional Center  
500 Hillcrest Road  
East Moline, IL 61244

East Moline Correctional Center  
100 Hillcrest Road  
East Moline, IL 61244

If you have any questions, please do not hesitate to call.

Sincerely,

James Harms  
will call  
back

*James E. Harms*

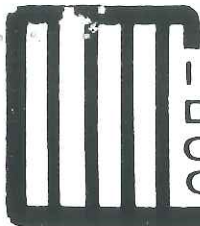
James E. Harms, Chief Engineer  
Capital Programs Unit

RECEIVED

FEB - 5 1993

IEPA/DLPC





ILLINOIS  
DEPARTMENT  
OF  
CORRECTIONS

Jim Edgar  
Governor

Howard A. Peters III  
Director

1301 Concordia Court / P. O. Box 19277 / Springfield, IL 62794-9277 / Phone (217) 522-2666

February 2, 1993

RECEIVED

AUG 23 1993

U. S. EPA, REGION V  
SWB - PMS

Mr. James Pierce  
Division of Land Pollution Control  
Ill. Environmental Protection Agency  
2200 Churchill Road  
Springfield, IL 62706

RE: Clarification of name and  
address for East Moline C. C.

Dear Mr. Pierce:

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East Moline Correctional Center  
500 Hillcrest Road  
East Moline, IL 61244

East Moline Correctional Center  
100 Hillcrest Road  
East Moline, IL 61244

If you have any questions, please do not hesitate to call.

Sincerely,

*James E. Harms*  
James E. Harms, Chief Engineer  
Capital Programs Unit

JEH:cjm

cc: Joe DeJaegher

RECEIVED

AUG -6 1993

EPA/DLPC



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

United States Environmental Protection Agency Washington, DC 20460		Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).	
<b>EPA Notification of Hazardous Waste Activity</b>			
For Official Use Only			
Comments			
C	N		
C	F		
Installation's EPA ID Number		Approved	Date Received (yr. mo. day)
ILD982063653		A	8 7 0 4 0 6
			RECEIVED MAR 30 1987
I. Name of Installation			
EAST MOLINE CORRECTIONAL			
II. Installation Mailing Address			
Street or P.O. Box			
500 HILLCREST RD			
City or Town			State ZIP Code
EAST MOLINE			ILL 61244
III. Location of Installation			
Street or Route Number			
500 HILLCREST RD			
City or Town			State ZIP Code
EAST MOLINE			ILL 61244
IV. Installation Contact			
Name and Title (last, first, and job title)			Phone Number (area code and number)
BAUR JIM			217 522 2666
V. Ownership			
A. Name of Installation's Legal Owner			B. Type of Ownership (enter code)
STATE OF ILLINOIS			S
VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)			
A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input checked="" type="checkbox"/> 1. Generator <input type="checkbox"/> 2. Transporter <input type="checkbox"/> 3. Treater/Storer/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner		<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification	
VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)			
<input type="checkbox"/> A. Utility Boiler <input type="checkbox"/> B. Industrial Boiler <input type="checkbox"/> C. Industrial Furnace			
VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))			
<input type="checkbox"/> A. Air <input type="checkbox"/> B. Rail <input type="checkbox"/> C. Highway <input type="checkbox"/> D. Water <input type="checkbox"/> E. Other (specify)			
IX. First or Subsequent Notification			
Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.			
<input checked="" type="checkbox"/> A. First Notification <input type="checkbox"/> B. Subsequent Notification (complete item C)		C. Installation's EPA ID Number	



**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 2					
7	8	9	10	11	12

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

[illegible]

☐ 1. Ignitable  
(0001)

☐ 2. Corrosive  
(P002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic (D000)

***I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.***

**Signature**

Name and Official Title (type or print)

**Date Signed**



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

<b>EPA Notification of Hazardous Waste Activity</b> Environmental Protection Agency Washington, DC 20460		Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).	
Comments			
E	N		
Installation's EPA ID Number		Approved	Date Received
I L D 9 8 2 0 6 3 6 5 3		A	8 7 0 4 0 6
Name of Installation		RECEIVED	
EAST MOLINE CORRECTIONAL		MAR 30 1987	
Installation Mailing Address			
Street or P.O. Box			
500 HILLCREST RD			
City or Town			
EAST MOLINE			
State			
IL			
ZIP Code			
61244			
Installation Contact			
Name and Title			
BAUR JIM			
Phone Number			
217 522 2666			
Ownership			
Name of Owner			
STATE OF ILLINOIS			
Type of Activity			
STATE OF ILLINOIS			
Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)			
A. Hazardous Waste Activity		B. Used Oil Fuel Activity	
<input type="checkbox"/> 1. Storage (more than 1000 kg/mo)		<input type="checkbox"/> 2. Off-Specification Used Oil Fuel	
<input type="checkbox"/> 3. Transport		<input type="checkbox"/> 3. a. Generating Marketing to Burn	
<input type="checkbox"/> 4. Transport (more than 1000 kg/mo)		<input type="checkbox"/> 3. b. Other Marketing	
<input type="checkbox"/> 5. Other		<input type="checkbox"/> 3. c. Burner	
<input type="checkbox"/> 6. Other		<input type="checkbox"/> 7. Specification Used Oil Fuel Markers (for On-site Burners)	
<input type="checkbox"/> 7. Specification Used Oil Fuel Markers (for On-site Burners)		<input type="checkbox"/> 8. Other	
VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device used. See instructions for definitions of combustion devices.)			
<input type="checkbox"/> A. Air <input type="checkbox"/> B. Water <input type="checkbox"/> C. Other			
VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate boxes)			
<input type="checkbox"/> A. Air <input type="checkbox"/> B. Rail <input type="checkbox"/> C. Highway <input type="checkbox"/> D. Water <input type="checkbox"/> E. Other (specify)			
IX. First or Subsequent Notification			
Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.			
<input checked="" type="checkbox"/> A. First Notification <input type="checkbox"/> B. Subsequent Notification (complete item C)			
C. Installation's EPA ID Number			
[Empty Box]			

24 APR 1987



ID — For Official Use Only

C

T/A/C

W

1

**Description of Hazardous Wastes (continued from front)**

**Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 F002	2	3	4	5	6
7	8	9	10	11	12

**Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable  
(D001)

☐ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D004)
**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION 5  
RCRA ACTIVITIES  
P.O. BOX A3587  
CHICAGO, ILLINOIS 60690

5HS-JCK-13

APR 21 1987

Dear Notifier:

Enclosed you will find the U.S. Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. This ID number must appear on all manifest forms when transporting hazardous waste. You will find your ID number on the second line of the copy of the enclosed notification form. This letter confirms that you have filed a Notification of Hazardous Waste Activity (Form 8700-12) to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This letter and the enclosed copy of your notification form should be retained for future use.

If you have any further questions regarding hazardous waste activity, please contact our Hotline at (312) 886-4001.

Sincerely yours,

Art Kawatachi, Chief  
Information Management Unit  
Program Management Section